



Congresswoman Stephanie Murphy
Remarks as Prepared for Delivery
America's Opioid Epidemic
Congressional Visitors Center
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Thank you very much.

I'm Congresswoman Stephanie Murphy, and I represent a district in central Florida that encompasses all of Seminole County and part of Orange County, including downtown Orlando.

I want to thank AmeriHealth Caritas for organizing this event on the opioid epidemic, and for inviting me to participate.

I also want to thank my friend and fellow Irishman, Congressman Brian Fitzpatrick. Over the past 10 months, Congressman Fitzpatrick and I have introduced four bills together, including bills to enhance counter-terrorism efforts in our cities, to improve the contracting process for small businesses, and to increase criminal penalties for adults who stalk children online or offline. One of these measures has been approved by the full House and the two others have passed committee. In these partisan and gridlocked times, my partnership with Brian has been remarkably productive and—I hope he would agree—the source of considerable pride for both of us.

The fourth bill that Brian and I filed together is called the *Road to Recovery Act*, which has 36 cosponsors almost evenly divided between Republicans and Democrats. The bill would repeal an antiquated federal law—called the “IMD exclusion”—and would authorize the federal government to spend Medicaid dollars to pay for critical services offered to individuals addicted to opioids and other drugs at high-quality residential facilities with 16 or more beds.

I will say a few more words about this specific bill in a moment. But I want to use my time to provide a more general explanation about why I am trying to craft policies to alleviate the opioid crisis, alongside so many of my colleagues on both sides of the aisle

Before I get involved in any issue in Congress, I first ask myself whether my efforts would be good for my country, would help my constituents, and would be consistent with my conscience. When it comes to the opioid epidemic, I was able to answer each of these questions with a resounding “yes.”

Here's why.

First, this is a national problem and, indeed, a conspicuously *American* problem. Other countries have challenges related to opioids, of course, but the size and scope of the epidemic in this country is unrivaled. There are numerous, interlocking reasons for the present crisis. One contributing factor has been the excessive marketing and prescribing of opioids to relieve physical pain without sufficient appreciation for the drugs' addictive properties. This trend became particularly pronounced starting in the late 1990s.

While certain population groups are at higher risk than others, the opioid epidemic does not discriminate on the basis of class, age, race, gender, or geography. The number of our fellow Americans affected is truly staggering. And it is important to remember that behind every abstract statistic lies a shattered human life, a brokenhearted family, a distraught community, and a spiritually and economically diminished nation.

I promise not to bore you with too many numbers, but a few figures help illustrate the scale of the problem nationwide.

- According to the latest estimates, over 175 Americans now die each day—and more than 60,000 die every year—as a result of opioid overdoses.
- Of the 21 million Americans who have substance-use disorders, including disorders connected to opioids, only 10 percent receive treatment of any kind. That's a key reason why Congressman Fitzpatrick and I introduced the *Road to Recovery Act*, namely to reduce outdated barriers to quality care for those who are suffering from the disease of addiction, who desperately want to turn their life around, but who simply cannot so without a helping hand from professionals.

Given these numbers, it is no surprise that—in March—the President established the Commission on Combating Drug Addiction and the Opioid Crisis. In October, the President declared the problem to be a national public health emergency under federal law.

Today's event is quite timely. Earlier this month, the Commission released a draft of its final report, which includes 56 discrete recommendations related to prevention, treatment and research.

I am sure that, here today and in the coming days, policymakers and addiction experts will debate the pros and cons of these specific recommendations. For present purposes, I would simply note that the Commission observed that it “has been urged by every Governor, numerous treatment providers, parents, and non-profit advocacy organizations to eliminate the IMD exclusion within the Medicaid program”—which is precisely what the Fitzpatrick-Murphy bill would do. This is an encouraging development and will hopefully provide the *Road to Recovery Act* with some legislative tailwind.

Notably, the six-member Commission, which is chaired by New Jersey Governor Chris Christie, includes Florida Attorney General Pam Bondi.

That brings me to the second reason why I chose to become involved in addressing the opioid crisis. This is because, while the epidemic is an American problem, it is also a Florida problem and, indeed, a central Florida problem.

Again, here are a few statistics.

- In 2015, according to the Kaiser Family Foundation, there were over 2,100 overdose deaths from opioids in Florida.
- The House Energy and Commerce Committee puts the 2015 death toll in Florida even higher—at over 3,200. This statistical discrepancy highlights that any comprehensive attempt to combat opioid addiction must include an effort to collect better data on the crisis. After all, to *defeat* your enemy, you must first *know* your enemy.
- The crisis has inflicted great harm on our most vulnerable citizens. Last year, over 4,000 babies in Florida were born addicted to opioids, a massive increase from a decade ago.
- The epidemic has also taken a terrible toll on our military veterans. At a Veterans Day forum I hosted this past weekend, a veteran from my district spoke powerfully about how many of his brothers and sisters in arms survived combat, only to be felled by opioids.
- This May, Florida's Governor declared the opioid epidemic to be a state public health emergency. I support that decision. However, I have made clear that I believe the Governor's decision not to expand the state's Medicaid program to cover more individuals is a serious error—not least because expansion would make it easier to provide addiction treatment to hundreds of thousands of low-income Floridians at a very reasonable cost to state taxpayers.
- Orange County, one of the two Florida counties I represent, is at the forefront of the crisis, with 191 opioid-related overdoses in 2015, more than all but two other counties in the state. Neighboring Seminole County is also witnessing an increase in overdoses, and community leaders recently created a task force designed to confront the problem.

I have noted that the opioid epidemic is hurting the country I love, and harming the constituents I have the honor to represent in Congress. That brings me to the third and final reason why I elected to become involved in this issue, which is that crisis should weigh heavily on our collective conscience.

In a very real sense, I view the opioid crisis as a profound moral test—one that we as a nation will either pass or fail. If policymakers in the White House, in Congress, in governors' mansions, and in state legislatures do not match soaring rhetoric with strong resources and smart policies, the hard truth is that we will not overcome this adversary. If our response is not bold, the opioid

epidemic will continue to claim the lives and livelihoods of more and more victims—our family members, our friends, and our neighbors.

We need resolute action, we need bipartisan cooperation, we need robust funding—and we need it all now.

Thank you so much for hosting this event, and thank you for inviting me.